MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 08/854349

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND	DEP.	IND.	DEP.	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	1		1		1		51							
2		1		1		1	52							
3		1		1		1	53							
4		1		1		1	54							
5		1		1		1	55							
6		1		1		1	56							
7		1		1		1	57							
8	1		1		1		58							
9		1		1		1	59							
10		1		1		1	60							
11		1		1		1	61							
12	1		1		1		62							
13		1		1		1	63							
14		1		1		1	64							
15		1		1		1	65							
16		1		1		1	66							
17		1		1		1	67							
18							68							
19	1		1		1		69							
20	1		1		1		70							
21							71							
22							72							
23							73							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND	5		3		3		TOTAL IND.							
TOTAL DEP	15		12		15		TOTAL DEP.							
TOTAL CLAIMS	20		15		18		TOTAL CLAIMS							